Case 19-11305-mdc Doc 23 Filed 05/02/19 Entered 05/02/19 15:52:26 Desc Main Document Page 1 of 45

| Fill in this in | formation to id | dentify your case | e and this filing: | l | |
|---|--|---|---|---|--|
| Debtor 1 | Colin | A. | Bollers | | |
| Debter 2 | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse, if filing | g) First Name | Middle Name | Last Name | | |
| United States B | ankruptcy Court for | the: EASTERN DI | ST. OF PENNSYLVANIA | | |
| Case number (if known) | 19-11305MDC | | | — | if this is an led filing |
| Official Forn | n 106A/B | | | | |
| | VB: Property | / | | | 12/15 |
| the asset in the of filing together, be sheet to this form Part 1: Do 1. Do you own No. Go | category where you ooth are equally re- m. On the top of a escribe Each R | ou think it fits best. sponsible for supply ny additional pages esidence, Buildi or equitable interes | List an asset only once. If an a Be as complete and accurate a ring correct information. If mo, write your name and case nutring, Land, or Other Real I st in any residence, building, la | is possible. If two married per space is needed, attach a sember (if known). Answer eve | eople are separate ry question. |
| 1.1. 120 W. Sharpna | ack Street ailable, or other descrip | tion What is a Check al Sing Dupl Conc Conc Lanc Investigation Conc Investigation Conc Conc | stment property share | Do not deduct secured clai amount of any secured clai Creditors Who Have Claim Current value of the entire property? \$276,300.00 Describe the nature of yo interest (such as fee simple entireties, or a life estate) | ims on Schedule D: s Secured by Property. Current value of the portion you own? \$276,300.00 ur ownership ole, tenancy by the |
| | Owned by Debt aughter (Shamn nterest in Prope | or, Son Check or an) rty Debt | an interest in the property? ne. or 1 only or 2 only | Check if this is comm (see instructions) | unity property |
| City Assesmsn | nt FMV = \$276,00 | 00 Debt | or 1 and Debtor 2 only ast one of the debtors and anoth | er | |
| | | | formation you wish to add abo identification number: | ut this item, such as local | _ |
| | | - | I of your entries from Part 1, in rite that number here | | \$276,300.00 |
| Part 2: Do | escribe Your V | ehicles | | | |
| - | | • | in any vehicles, whether they a , also report it on Schedule G: Ex | • | - |
| 3. Cars, vans, | trucks, tractors, s | port utility vehicles, | motorcycles | | |
| ✓ No ✓ Yes | | | | | |

Case 19-11305-mdc Doc 23 Filed 05/02/19 Entered 05/02/19 15:52:26 Desc Main Document Page 2 of 45

| Deb | tor 1 | Colin A. Bollers | se number (if known) | 19-11305MDC |
|-----|-------------------|--|---------------------------|---|
| 4. | | raft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, n | nicles, and accessorie | |
| 5. | Add the | e dollar value of the portion you own for all of your entries from Part 2, incl for pages you have attached for Part 2. Write that number here | | \$0.00 |
| Pá | art 3: | Describe Your Personal and Household Items | | |
| | | or have any legal or equitable interest in any of the following items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 6. | | nold goods and furnishings les: Major appliances, furniture, linens, china, kitchenware | | |
| | □ No ☑ Yes | s. Describe 6. Household goods & furnishings | | \$3,600.00 |
| 7. | ✓ No | nics les: Televisions and radios; audio, video, stereo, and digital equipment; comput music collections; electronic devices including cell phones, cameras, media. s. Describe | | |
| 8. | Collect | ibles of value les: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or stamp, coin, or baseball card collections; other collections, memorabilia, co | • | |
| | ✓ No | s. Describe | | |
| 9. | | nent for sports and hobbies les: Sports, photographic, exercise, and other hobby equipment; bicycles, pool to canoes and kayaks; carpentry tools; musical instruments | tables, golf clubs, skis; | |
| | ✓ No | s. Describe | | |
| 10. | Firearm Exampl | ns les: Pistols, rifles, shotguns, ammunition, and related equipment | | |
| | ✓ No ☐ Yes | s. Describe | | |
| 11. | : | s les: Everyday clothes, furs, leather coats, designer wear, shoes, accessories | | |
| | ☐ No ☑ Yes | s. Describe 11. Clothes | | \$500.00 |
| 12. | Jewelry Exampl | y les: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirlogold, silver | oom jewelry, watches, ç | ems, |
| | ✓ No | s. Describe | | |
| 13. | Exampl ✓ No | rm animals les: Dogs, cats, birds, horses s. Describe | | |

Case 19-11305-mdc Doc 23 Filed 05/02/19 Entered 05/02/19 15:52:26 Desc Main Document Page 3 of 45

| Deb | tor 1 <u>Co</u> | olin A. Bollers Case number (if | known) 19-113 | 05MDC |
|-----|------------------------|---|--|---|
| 14. | Any other | personal and household items you did not already list, including any health aids you | ш | |
| | _ | Give specific nation | _ | |
| 15. | Add the do | ollar value of all of your entries from Part 3, including any entries for pages you have for Part 3. Write the number here | ······································ | \$4,100.00 |
| Pa | art 4: | Describe Your Financial Assets | | |
| Doy | you own or | have any legal or equitable interest in any of the following? | p D | current value of the ortion you own? to not deduct secured laims or exemptions. |
| 16. | , | : Money you have in your wallet, in your home, in a safe deposit box, and on hand when yo petition | ou file your | |
| | ✓ No Yes | Cash: | | |
| 17. | Deposits of Examples: | of money Checking, savings, or other financial accounts; certificates of deposit; shares in credit un brokerage houses, and other similar institutions. If you have multiple accounts with the sinstitution, list each. | | |
| | ✓ No ☐ Yes | | | |
| 18. | | utual funds, or publicly traded stocks Bond funds, investment accounts with brokerage firms, money market accounts | | |
| | ✓ No ☐ Yes | | | |
| 19. | - | cly traded stock and interests in incorporated and unincorporated businesses, inclust in an LLC, partnership, and joint venture | ding | |
| | informa | Give specific nation about | of ownership: | |
| 20. | Governme Negotiable | ent and corporate bonds and other negotiable and non-negotiable instruments e instruments include personal checks, cashiers' checks, promissory notes, and money orc tiable instruments are those you cannot transfer to someone by signing or delivering them. | ders. | |
| | informa | Give specific lation about lssuer name: | | |
| 21. | | nt or pension accounts : Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension profit-sharing plans | or | |
| | | List each nt separately. Type of account: Institution name: | | |

| Deb | tor 1 Colin A. Bollers | Case number (if | known) . | 19-11 | 305MDC |
|-----|---|--|------------|-----------|---|
| 22. | | payments posits you have made so that you may continue service or use from a co h landlords, prepaid rent, public utilities (electric, gas, water), telecommur | | | |
| | ☑ No | | | | |
| | Yes | Institution name or individual: | | | |
| 23. | ☑ No | specific periodic payment of money to you, either for life or for a number | of years |) | |
| | Yes | Issuer name and description: | | | |
| 24. | 26 U.S.C. §§ 530(b)(1), 529 | RA, in an account in a qualified ABLE program, or under a qualified (A(b), and 529(b)(1). | state tuit | ion pro | gram. |
| | ☑ No □ Yes | Institution name and description. Separately file the records of any inter | ests. 11 | U.S.C. | § 521(c) |
| 25. | Trusts, equitable or future powers exercisable for you | interests in property (other than anything listed in line 1), and rights our benefit | or | | |
| | ✓ No✓ Yes. Give specific information about them | | | | |
| 26. | | marks, trade secrets, and other intellectual property; names, websites, proceeds from royalties and licensing agreements | | | |
| | No ☐ Yes. Give specific information about them | | | | |
| 27. | Licenses, franchises, and Examples: Building permits ✓ No ✓ Yes. Give specific information about them | s, exclusive licenses, cooperative association holdings, liquor licenses, pr | ofession | al licens | ses |
| Mor | ney or property owed to you | 1? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax refunds owed to you | | | | |
| | ☑ No | | | | |
| | Yes. Give specific infor | | 1 | Federal | · |
| | about them, including w you already filed the reti | | ; | State: | |
| | and the tax years | | I | _ocal: | |
| 29. | Family support Examples: Past due or lump | p sum alimony, spousal support, child support, maintenance, divorce set | tlement, p | oroperty | settlement |
| | ✓ No✓ Yes. Give specific infor | rmation Alir | mony: | | |
| | _ | | intenance | e: | |
| | | Suj | pport: | | |
| | | Div | orce sett | lement: | |
| | | Pro | perty set | tlement | : |

Case 19-11305-mdc Doc 23 Filed 05/02/19 Entered 05/02/19 15:52:26 Desc Main Document Page 5 of 45

| Deb | tor 1 Colin A. Bollers | Case number (if known) | 19-11305MDC |
|-----|---|--------------------------------------|---|
| 30. | Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits compensation, Social Security benefits; unpaid loans you made | s, sick pay, vacation pay, workers' | |
| | ✓ No✓ Yes. Give specific information | | |
| 31. | Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA) | A); credit, homeowner's, or renter's | insurance |
| | ✓ No Yes. Name the insurance company of each policy and list its value | Beneficiary: | Surrender or refund value: |
| 32. | Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insura entitled to receive property because someone has died | ance policy, or are currently | |
| | ✓ No ☐ Yes. Give specific information | | |
| 33. | Claims against third parties, whether or not you have filed a lawsuit or <i>Examples</i> : Accidents, employment disputes, insurance claims, or rights to | | |
| | ✓ No ☐ Yes. Describe each claim | | |
| 34. | Other contingent and unliquidated claims of every nature, including corights to set off claims | unterclaims of the debtor and | |
| | Yes. Describe each claim | | |
| 35. | Any financial assets you did not already list | | |
| | ✓ No✓ Yes. Give specific information | | |
| 36. | Add the dollar value of all of your entries from Part 4, including any entattached for Part 4. Write that number here | | → \$0.00 |
| Pa | art 5: Describe Any Business-Related Property You Own | or Have an Interest In. Lis | t any real estate in Part 1. |
| 37. | Do you own or have any legal or equitable interest in any business-rela | ated property? | |
| | ✓ No. Go to Part 6. ☐ Yes. Go to line 38. | | |
| 20 | Accounts receivable or commissions you already earned | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 30. | - u | | |
| | ✓ No Yes. Describe | | |
| 39. | Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copie desks, chairs, electronic devices | rs, fax machines, rugs, telephones | i, |
| | ✓ No ☐ Yes. Describe | | |

Case 19-11305-mdc Doc 23 Filed 05/02/19 Entered 05/02/19 15:52:26 Desc Main Document Page 6 of 45

| Deb | tor 1 <u>Co</u> | olin A. Bollers | Case number (if known) | -11305MDC |
|-----|-------------------------|---|--------------------------|--|
| 40. | Machinery, | , fixtures, equipment, supplies you use in business, and tools of you | r trade | |
| | ✓ No ☐ Yes. D | Jescribe | | |
| 41. | Inventory | | | |
| | ✓ No ☐ Yes. D | Jescribe | | |
| 42. | Interests in | n partnerships or joint ventures | | |
| | ✓ No ☐ Yes. D | escribe Name of entity: | % of ownership: | |
| 43. | Customer I | lists, mailing lists, or other compilations | | |
| | _ [| o your lists include personally identifiable information (as defined in No Yes. Describe | 11 U.S.C. § 101(41A))? | |
| 44. | Any busine | ess-related property you did not already list | | |
| | ✓ No ☐ Yes. G | Sive specific information. | | |
| 45. | | ollar value of all of your entries from Part 5, including any entries for por Part 5. Write that number here | | \$0.00 |
| Pa | | scribe Any Farm- and Commercial Fishing-Related Propout own or have an interest in farmland, list it in Part 1. | erty You Own or Have | an Interest In. |
| 46. | Do you ow | n or have any legal or equitable interest in any farm- or commercial f | ishing-related property? | |
| | | o to Part 7. So to line 47. | | |
| | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 47. | Farm anima Examples: | als Livestock, poultry, farm-raised fish | | |
| | ✓ No ☐ Yes | | | |
| 48. | Cropseith | ner growing or harvested | | |
| | | sive specific | | |
| 49. | Farm and f | ishing equipment, implements, machinery, fixtures, and tools of trade | e | |
| | ✓ No ☐ Yes | | | |
| 50. | Farm and f | ishing supplies, chemicals, and feed | | |
| | ✓ No ☐ Yes | | | |

Case 19-11305-mdc Doc 23 Filed 05/02/19 Entered 05/02/19 15:52:26 Desc Main Document Page 7 of 45

| Debt | or 1 | Colin A. Bollers | Case nu | umber (if known) _ | 19- | 11305N | IDC |
|------|---------------|---|-----------------|------------------------------|----------|----------|--------------|
| 51. | Any far | m- and commercial fishing-related property you did not alread | ly list | | | | |
| | _ | . Give specific rmation | | | | | |
| 52. | | dollar value of all of your entries from Part 6, including any e | | | → | | \$0.00 |
| Pa | art 7: | Describe All Property You Own or Have an Interes | t in That You [| Did Not List Al | oove |) | |
| 53. | - | have other property of any kind you did not already list? es: Season tickets, country club membership | | | | | |
| | ☑ No □ Yes | . Give specific information. | | | | | |
| 54. | Add the | dollar value of all of your entries from Part 7. Write that num | ber here | | → | | \$0.00 |
| Pa | art 8: | List the Totals of Each Part of this Form | | | | | |
| 55. | Part 1: | Total real estate, line 2 | | | → | | \$276,300.00 |
| 56. | Part 2: | Total vehicles, line 5 | \$0.00 | | | | |
| 57. | Part 3: | Total personal and household items, line 15 | \$4,100.00 | | | | |
| 58. | Part 4: | Total financial assets, line 36 | \$0.00 | | | | |
| 59. | Part 5: | Total business-related property, line 45 | \$0.00 | | | | |
| 60. | Part 6: | Total farm- and fishing-related property, line 52 | \$0.00 | | | | |
| 61. | Part 7: | Total other property not listed, line 54 | \$0.00 | | | | |
| 62. | Total pe | ersonal property. Add lines 56 through 61 | \$4,100.00 | Copy personal property total | → | + | \$4,100.00 |
| 63. | Total of | all property on Schedule A/B. Add line 55 + line 62 | | | | | \$280,400.00 |

Case 19-11305-mdc Doc 23 Filed 05/02/19 Entered 05/02/19 15:52:26 Desc Main Document Page 8 of 45

| Fill in this inf | ormation to iden | tify your case: | | |
|---------------------------------|------------------------|--------------------------|----------------------|----------------|
| Debtor 1 | Colin First Name | A. Middle Name | Bollers Last Name | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States Bar | nkruptcy Court for the | Check if this is ar | | |
| Case number (if known) | 19-11305MDC | | | amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| identify the Property You Cla | iiii de Exempt | | | | | | |
|---|--|--|---|--|--|--|--|
| Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) | | | | | | | |
| For any property you list on Schedule A/B th | at you claim as exen | npt, fill in the information I | pelow. | | | | |
| ef description of the property and line on hedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption | | | | |
| | Copy the value from Schedule A/B | Check only one box for each exemption | | | | | |
| ef description: 0 W. Sharpnack Street esidence Owned by Debtor, Son ohan), and Daughter (Shamman)Each is 1/3 Interest in Property | \$276,300.00 | \$20,300.00 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(1) | | | | |
| ty Assesmsnt FMV = \$276,000 e from Schedule A/B:1.1 | | | | | | | |
| ef description: Household goods & furnishings e from <i>Schedule A/B</i> :6 | \$3,600.00 | \$3,600.00 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(3) | | | | |
| ֡֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜ | You are claiming state and federal nonban You are claiming federal exemptions. 11 U For any property you list on Schedule A/B the ef description of the property and line on thedule A/B that lists this property O W. Sharpnack Street tesidence Owned by Debtor, Son tohan), and Daughter (Shamman)Each s 1/3 Interest in Property Ey Assesment FMV = \$276,000 the from Schedule A/B: | You are claiming state and federal nonbankruptcy exemptions. You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) For any property you list on Schedule A/B that you claim as exemption of the property and line on the hedule A/B that lists this property Current value of the portion you own Copy the value from Schedule A/B Set description: W. Sharpnack Street esidence Owned by Debtor, Son Ohan), and Daughter (Shamman)Each is 1/3 Interest in Property Expression Schedule A/B: 1.1 Set description: Assessment FMV = \$276,000 or from Schedule A/B: 1.1 Set description: \$3,600.00 | You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) For any property you list on Schedule A/B that you claim as exempt, fill in the information is effective description of the property and line on the hedule A/B that lists this property Current value of the portion you own Copy the value from Schedule A/B Schedule A/B Schedule A/B Schedule A/B Schedule A/B Schedule A/B Schedule A/B: Schedule A/B: | | | | |

□ No □ Yes

 \square

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

Case 19-11305-mdc Doc 23 Filed 05/02/19 Entered 05/02/19 15:52:26 Desc Main Document Page 9 of 45

| Debtor 1 | Colin A. Bollers | | | Case numbe | Case number (if known) 19-11305MDC | | |
|---------------|---|--|---|---|------------------------------------|--------------------------|--|
| Part 2: | Additional Page | | | | | | |
| | iption of the property and line on //B that lists this property | Current value of the portion you own | | ount of the mption you claim | Specific I | aws that allow exemption | |
| | | Copy the value from Schedule A/B | | eck only one box for h exemption | | | |
| Brief descrip | | \$500.00 | | \$500.00 100% of fair market | 11 U.S.C | c. § 522(d)(3) | |
| Line from So | chedule A/B:11 | | _ | value, up to any applicable statutory limit | | | |

Case 19-11305-mdc Doc 23 Filed 05/02/19 Entered 05/02/19 15:52:26 Desc Main Document Page 10 of 45

| Fill in this inf | ormation to identi | for your page | | | | |
|---|---|--|---|------------------------------|--------------------------|----------|
| | ormation to identi | | | | | |
| Debtor 1 | | A. Middle Name | Bollers Last Name | | | |
| Debtor 2 | | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | |
| United States Bar | nkruptcy Court for the: | EASTERN DIS | T. OF PENNSYLVAN | IA | | |
| Case number | 19-11305MDC | | | | ☐ Check if this is | s an |
| (if known) | | | | | amended filing | |
| Official Form | 106D | | | | | |
| Schedule D: | Creditors Who | o Have Cla | ims Secured by | Property | | 12/15 |
| correct informatio On the top of any 1. Do any credit No. Che Yes. Fill Part 1: Lis 2. List all securciaim, list the creditor has a | n. If more space is no additional pages, write ors have claims secunck this box and submit in all of the information that All Secured Claims. If a creditor creditor separately for exparticular claim, list the ible, list the claims in a | red by your prothis form to the oblow. This more than the control of the control | one secured one than one in Part 2. As | out, number the entri n). | es, and attach it to thi | s form. |
| 2.1 | | | property that | \$400.00 | \$0.00 | \$400.00 |
| City Of Philadel | ohia | secures the | claim: | φ400.00 | φυ.υυ | \$400.00 |
| Creditor's name Major Tax Unit/E | Bankruptcy Dept. | _ | | | | |
| Number Street 1401 JFK Blvd, I | | _ | | | | |
| | | | te you file, the claim is: | Check all that apply. | | |
| Dhile delahie | DA 40400 | Continge | | | | |
| Philadelphia City | PA 19102 State ZIP Code | _ ☐ Unliquida ☐ Disputed | | | | |
| Who owes the del | ot? Check one. | ш . | n. Check all that apply. | | | |
| Debtor 1 only | | | ment you made (such as | mortgage or secured | car loan) | |
| ☐ Debtor 2 only ☐ Debtor 1 and □ | lehtor 2 only | _ | lien (such as tax lien, m | echanic's lien) | | |
| ш | the debtors and anothe | er 💾 😁 " | t lien from a lawsuit | | | |
| ☐ Check if this o | laim relates | Other (III | cluding a right to offset) Sewer Arreares | | | |
| to a community | - | Last 4 digits | of account number | | | |
| | - | _ | • | | | |

Add the dollar value of your entries in Column A on this page. Write that number here:

\$400.00

Case 19-11305-mdc Doc 23 Filed 05/02/19 Entered 05/02/19 15:52:26 Desc Main Document Page 11 of 45

| Debtor 1 Colin A. Bollers | Case number (if known) _ 19-11305MDC | | | | |
|--|--|--|---|-----------------------------------|--|
| Part 1: Additional Page After listing any entries on sequentially from the previous | | Column A Amount of claim Do not deduct the value of collateral | Column B Value of collateral that supports this claim | Column C Unsecured portion If any | |
| 2.2 M & T Bank Creditor's name Attn: Bankruptcy | Describe the property that secures the claim: 120 W. Sharpnack Street | \$256,000.00 | \$276,300.00 | | |
| Number Street PO Box 844 | | | | | |
| Buffalo NY 14240 City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt | As of the date you file, the claim is: Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, med Judgment lien from a lawsuit Other (including a right to offset) 1st Mortgage | mortgage or secured | car loan) | | |
| Included In Bankruptcy Ch-13 Account Closed ACCOUNT TRANSFERRED | _ Last 4 digits of account number | 7 1 4 6 | | | |
| 2.3 M & T Bank Creditor's name Attn: Bankruptcy Number Street PO Box 844 | Describe the property that secures the claim: 120 W. Sharpnack Street | \$50,000.00 | \$50,000.00 | | |
| Buffalo NY 14240 City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt | As of the date you file, the claim is: Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, med Judgment lien from a lawsuit Other (including a right to offset) Mortgage arrears | mortgage or secured echanic's lien) | car loan) | | |
| Date debt was incurred Various | Last 4 digits of account number | 7 1 1 6 | | | |

Add the dollar value of your entries in Column A on this page. Write that number here:

\$306,000.00

Case 19-11305-mdc Doc 23 Filed 05/02/19 Entered 05/02/19 15:52:26 Desc Main Document Page 12 of 45

| Debtor 1 | Colin A. Bollers | | Case number (if known) | | | |
|-------------------------------------|--|---|---|-----------|------------|--|
| Part 1: | Additional Page After listing any entries on sequentially from the previ | | Column A Amount of claim Do not deduct the value of collateral Column B Value of collateral that supports to claim | | | |
| 2.4 Portfolio F | Recovery | Describe the property that secures the claim: | \$3,376.00 | \$0.00 | \$3,376.00 | |
| | ne prate Blvd. Suite 1 treet | · | | | | |
| Debtor Debtor Debtor At least Check | • | As of the date you file, the claim is: Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, medical Judgment lien from a lawsuit) Other (including a right to offset) Judgment | s mortgage or secured | car loan) | | |
| Date debt v | was incurred | _ Last 4 digits of account number | 4 1 8 5 | | | |
| Avoid Lie | n | | | | | |

Add the dollar value of your entries in Column A on this page. Write that number here:

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$3,376.00 \$309,776.00 Case 19-11305-mdc Doc 23 Filed 05/02/19 Entered 05/02/19 15:52:26 Desc Main Document Page 13 of 45

| Fill in this inf | ormation to ider | ntify your ca | ase: | | | | | |
|---|--|--|---|------------------------|------------------------|-------------------|--|------------------------------|
| Debtor 1 | Colin | A. | Bollers | | | | | |
| | First Name | Middle Name | Last Name | | | | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | - | | | | |
| United States Bar | nkruptcy Court for the | e: EASTERN | DIST. OF PENNSYLVANIA | | | | | |
| Case number | 19-11305MDC | | | | | | – | |
| (if known) | | | | | | | Check if this is amended filing | an |
| Official Form | 106E/F | | | | | | | |
| Schedule E/ | F: Creditors \ | Who Have | Unsecured Claims | | | | | 12/15 |
| Do not include an If more space is n to this page. On t | y creditors with part eeded, copy the Par | tially secured it you need, fil onal pages, wi | | dule D: the box | <i>Credit</i> es on | ors Who | Hold Claims Secu | red by Property. |
| ☐ No. Go t ☑ Yes. | o Part 2. | | | | | | | |
| claim. For ear show both price more space is | ch claim listed, identi ority and nonpriority a | fy what type of mounts. As m nsecured claim | creditor has more than one prio claim it is. If a claim has both puch as possible, list the claims as, fill out the Continuation Page | oriority a in alpha | ind nor betical | order ac | amounts, list that claic cording to the credit | im here and or's name. If |
| (For an explar | nation of each type of | claim, see the | instructions for this form in the | instruct | | oklet. I claim | Priority amount | Nonpriority amount |
| 2.1 | | | | | u | nknow | n Unknown | Unknown |
| Philadelphia Co | | | Last 4 dimits of account more | | | | | |
| Priority Creditor's Nam 34 S 11th St Rm | | | Last 4 digits of account num | _ | <u>4 7</u> | 4 4 | <u>4</u> | |
| Number Street | | | When was the debt incurred | 11/ | 2014 | | | |
| | | | As of the date you file, the cl | aim is: | Check | all that a | apply. | |
| District delication | DA 40 | 407 | ✓ Contingent✓ Unliquidated | | | | | |
| Philadelphia City | | 107 Code | ☑ Disputed | | | | | |
| | Debtor 2 only the debtors and anot | her | Type of PRIORITY unsecured □ Domestic support obligation ▼ Taxes and certain other deal Claims for death or person intoxicated | ons ebts you | owe th | • | | |
| ☐ Check if this of Is the claim subject | claim is for a commu | ınity debt | Other. Specify | | | | | |
| No Yes | or to onser: | | | | | | | |
| Current Accoun | | | | | | | | |

Case 19-11305-mdc Doc 23 Filed 05/02/19 Entered 05/02/19 15:52:26 Desc Main Document Page 14 of 45

| Debtor 1 | Colin A. Bollers | Case number (if known) 19-11305MDC | | | |
|---------------------|---|---|--|--|--|
| Part 2: | List All of Your NONPRIORIT | TY Unsecured Claims | | | |
| 3. Do an | y creditors have nonpriority unsecured | d claims against you? | | | |
| | • • | t. Submit this form to the court with your other schedules. | | | |
| ш. | es | a Cashik and isin to the sear manyour enter confedence. | | | |
| | | in the alphabetical order of the creditor who holds each claim. | | | |
| | | ecured claim, list the creditor separately for each claim. For each claim listed, identify what cluded in Part 1. If more than one creditor holds a particular claim, list the other creditors in | | | |
| • • | • | unsecured claims, fill out the Continuation Page of Part 2. | | | |
| | | | | | |
| | | Total claim | | | |
| 4.1 | | \$0.00 | | | |
| | A. GERDING | Last 4 digits of account number 4 1 8 5 | | | |
| Nonpriority C | reditor's Name | When was the debt incurred? | | | |
| Number | PORATE BOULEVARD Street | As of the date you file, the claim is: Check all that apply. | | | |
| | | _ Contingent | | | |
| | | ☐ Unliquidated ☐ Disputed | | | |
| NORFOLI | | | | | |
| City Who incur | State ZIP Code red the debt? Check one. | Type of NONPRIORITY unsecured claim: | | | |
| ☐ Debtor | • | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce | | | |
| Debtor | 2 only 1 and Debtor 2 only | that you did not report as priority claims | | | |
| ш | t one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts | | | |
| _ | if this claim is for a community debt | | | | |
| | n subject to offset? | | | | |
| ☑ No | | | | | |
| Yes | _ | | | | |
| Avoid Lie | n | | | | |
| 4.2 | | \$550.00 | | | |
| CCS | anditude Norma | Last 4 digits of account number1404_ | | | |
| Attn: Ban | reditor's Name kruptcy | When was the debt incurred? 09/2014 | | | |
| Number PO Box 1: | Street 50 | As of the date you file, the claim is: Check all that apply. | | | |
| I O BOX I | 30 | □ Contingent □ Unliquidated | | | |
| West Berl | lin NJ 08091 | Disputed | | | |
| City | State ZIP Code | Type of NONPRIORITY unsecured claim: | | | |
| | red the debt? Check one. | ☐ Student loans | | | |
| ☐ Debtor ☐ Debtor | | Obligations arising out of a separation agreement or divorce | | | |
| _ | 1 and Debtor 2 only | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | | |
| At leas | t one of the debtors and another | Other. Specify | | | |
| ☐ Check | if this claim is for a community debt | Collection Attorney | | | |
| | n subject to offset? | | | | |
| ✓ No ☐ Yes | | | | | |
| _ | Creditor Name: TEMPLE UNIV KOR | NBERG SCHOOL OF | | | |
| Collection | | | | | |
| Account (| Closed | | | | |

Case 19-11305-mdc Doc 23 Filed 05/02/19 Entered 05/02/19 15:52:26 Desc Main Document Page 15 of 45

| Debtor 1 Colin A. Bollers | Case number (if known) 19-11305M | DC |
|--|--|-------------|
| Part 2: Your NONPRIORITY Unsecu | red Claims Continuation Page | |
| After listing any entries on this page, number the previous page. | em sequentially from the | Total claim |
| 4.3 | | \$2,300.00 |
| Chase Card Services Nonpriority Creditor's Name | Last 4 digits of account number8089 | |
| Attn: Bankruptcy | When was the debt incurred? 10/15/2007 | |
| Number Street PO Box 15298 | As of the date you file, the claim is: Check all that apply. | |
| 1 O BOX 13230 | | |
| Wileston of an DE 40050 | — Disputed | |
| Wilmington DE 19850 City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. | Student loans | |
| Debtor 1 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only Debtor 1 and Debtor 2 only | that you did not report as priority claims | |
| At least one of the debtors and another | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify | |
| ☐ Check if this claim is for a community debt | Credit Card | |
| Is the claim subject to offset? | | |
| ✓ No ☐ Yes | | |
| Included In Bankruptcy Ch-13 | | |
| Account Closed By Grantor | | |
| ACCOUNT TRANSFERRED | | |
| 4.4 | | \$0.00 |
| Credit One Bank | Last 4 digits of account number 6 2 6 7 | |
| Nonpriority Creditor's Name ATTN: Bankruptcy Department | When was the debt incurred? 12/28/2007 | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| PO Box 98873 | | |
| | — ☐ Disputed | |
| Las Vegas NV 89193 City State ZIP Code | — | |
| Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 only | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only Debtor 1 and Debtor 2 only | that you did not report as priority claims | |
| At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Check if this claim is for a community debt | | |
| Is the claim subject to offset? | Groun Guru | |
| ☑ No | | |
| Yes | | |
| Charge Off | | |
| Account Closed PURCHASED BY ANOTHER LENDER | | |
| ACCOUNT TRANSFERRED | | |

Case 19-11305-mdc Doc 23 Filed 05/02/19 Entered 05/02/19 15:52:26 Desc Main Document Page 16 of 45

| Debtor 1 Colin A. Bollers | Case number (if known) 19-11305MDC |
|---|---|
| Part 2: Your NONPRIORITY Ur | nsecured Claims Continuation Page |
| After listing any entries on this page, num previous page. | ber them sequentially from the Total claim |
| 4.5 | \$1,200.00 |
| Deptartment Store National Bank/Mac | y's Last 4 digits of account number 2 0 8 0 |
| Nonpriority Creditor's Name Attn: Bankruptcy | When was the debt incurred? 07/12/2008 |
| Number Street | As of the date you file, the claim is: Check all that apply. |
| 9111 Duke Boulevard | Contingent |
| | Unliquidated |
| Mason OH 45040 | Disputed |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: |
| Who incurred the debt? Check one. Debtor 1 only | ☐ Student loans |
| Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |
| Debtor 1 and Debtor 2 only | ☐ Debts to pension or profit-sharing plans, and other similar debts |
| At least one of the debtors and another | Other. Specify |
| ☐ Check if this claim is for a community | debt Charge Account |
| Is the claim subject to offset? | |
| ✓ No Yes | |
| Included In Bankruptcy Ch-13 | |
| Account Closed By Grantor | |
| ACCOUNT TRANSFERRED | |
| 4.6 | ****** |
| | \$1,200.00 |
| United Consumer Financial Services Nonpriority Creditor's Name | Last 4 digits of account number 3 7 9 8 |
| Attn: Bankruptcy | When was the debt incurred? 04/2011 |
| Number Street PO Box 856290 | As of the date you file, the claim is: Check all that apply. |
| 1 O BOX 000200 | Contingent Unliquidated |
| | Disputed |
| Louisville KY 40285 City State ZIP Code | Type of NONDBIODITY uncoursed claims |
| Who incurred the debt? Check one. | Type of North Full Secured Claim. |
| Debtor 1 only | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce |
| Debtor 2 only | that you did not report as priority claims |
| Debtor 1 and Debtor 2 only At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts |
| Check if this claim is for a community | Other. Specify debt Installment Sales Contract |
| Is the claim subject to offset? | matamment dates contract |
| No No | |
| Yes | |

Case 19-11305-mdc Doc 23 Filed 05/02/19 Entered 05/02/19 15:52:26 Desc Main Document Page 17 of 45

| Debtor 1 Colin A. Bollers | Case number (if known) _ 19-11305MDC |
|---|---|
| Part 2: Your NONPRIORITY Unsecu | red Claims Continuation Page |
| After listing any entries on this page, number th previous page. | em sequentially from the Total claim \$2,500.00 |
| Wf/raymour Nonpriority Creditor's Name Po Box 14517 Number Street | Last 4 digits of account number 4 2 7 9 When was the debt incurred? 10/12/2009 As of the date you file, the claim is: Check all that apply. Unliquidated |
| Des Moines City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt | ✓ Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify Charge Account |
| Is the claim subject to offset? No Yes Included In Bankruptcy Ch-13 Account Closed | |

ACCOUNT TRANSFERRED

Case 19-11305-mdc Doc 23 Filed 05/02/19 Entered 05/02/19 15:52:26 Desc Main Document Page 18 of 45

| Debtor 1 | Colin A. Boll | ers | | | Cas | se number (if known) 19-11305MDC |
|----------------------------|--|------------------------------------|--|---|------------------|---|
| Part 3: | List Other | s to Be | Notified Ab | out a Debt That You Alrea | ady L | isted |
| For ex credite debts | cample, if a colle or in Parts 1 or 2 | ection ag 2, then li n Parts | pency is trying to st the collection 1 or 2, list the ac | o collect from you for a debt you n agency here. Similarly, if you dditional creditors here. If you | ou owe ı have | lebt that you already listed in Parts 1 or 2. e to someone else, list the original more than one creditor for any of the t have additional parties to be notified for |
| Bank of A | merica | | | On which entry in Part 1 o | or Part | t 2 did you list the original creditor? |
| Name Attn: Ban | kruptcy | | | Line of (Check on | e): г | Part 1: Creditors with Priority Unsecured Claims |
| | Street | | | FHA Real Estate Mortgage | | Part 2: Creditors with Nonpriority Unsecured Claims |
| El Paso City Transferro | | TX State | 79998 ZIP Code | — Last 4 digits of account n | umber | <u>9 7 6 7</u> |
| Cibik and | Cataldo, P.C. | | | On which entry in Part 1 o | or Part | t 2 did you list the original creditor? |
| Name | nut Street | | | Line of (Check on | e): | Part 1: Creditors with Priority Unsecured Claims |
| | Street | | | Required Notification | | Part 2: Creditors with Nonpriority Unsecured Claims |
| Philadelpl City | hia | PA State | 19102 ZIP Code | — Last 4 digits of account n — | umber | |
| City of Ph | iladelphia | | | On which entry in Part 1 o | or Part | t 2 did you list the original creditor? |
| Name Parking V | iolations Bran | ch | | Line of (Check on | e): Г | Part 1: Creditors with Priority Unsecured Claims |
| | Street | | | Required Notification | | Part 2: Creditors with Nonpriority Unsecured Claims |
| District to | L.!_ | | 40404 | Last 4 digits of account n | umber | r <u> </u> |
| Philadelpl City | nia | PA State | 19101 ZIP Code | | | |
| City of Ph | iladelphia | | | On which entry in Part 1 c | or Part | t 2 did you list the original creditor? |
| Bankrupt | • | | | Lineof (Check on | e): _ | Part 1: Creditors with Priority Unsecured Claims |
| Number 15th Floor | Street r | | | Required Notification | | Part 2: Creditors with Nonpriority Unsecured Claims |
| 1515 Arch | Street | | | Last 4 digits of account n | umbar | |
| Philadelpl | hia | PA | 19102 | Last 4 digits of account n | umber | <u> </u> |
| City | | State | ZIP Code | | | |
| City Of Ph | niladelphia | | | On which entry in Part 1 o | or Part | t 2 did you list the original creditor? |
| Name | Unit/Bankrup | tcv Der | ot. | —— Line of (Check on | e): г | Part 1: Creditors with Priority Unsecured Claims |
| Number | Street Blvd, Room 5 | | | Required Notification | · <u>-</u> | Part 2: Creditors with Nonpriority Unsecured Claims |
| | L!- | | 40400 | Last 4 digits of account n | umber | r |
| Philadelpl City | nıa | PA State | 19102 ZIP Code | | | |
| | | | | | | |

Case 19-11305-mdc Doc 23 Filed 05/02/19 Entered 05/02/19 15:52:26 Desc Main Document Page 19 of 45

| Colin A. Boi | iers | | | Case number (if known) 19-11305MDC |
|-------------------------------------|-------------|----------------------------|--|---|
| Part 3: List Othe | rs to B | e Notified Abo | ut a Debt That You Already | y Listed Continuation Page |
| Equifax | | | On which entry in Part 1 or F | Part 2 did you list the original creditor? |
| Name P.O. Box 740241 | | | Line of (Check one): | Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | | Required Notification | Part 2: Creditors with Nonpriority Unsecured Claims |
| Atlanta | GA | 30374 | Last 4 digits of account num | ber |
| City | State | ZIP Code | _ | |
| Experian | | | On which entry in Part 1 or F | Part 2 did you list the original creditor? |
| Name Profile Maintenance | | | Line of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims |
| Number Street P.O. Box 9558 | | | Required Notification | Part 2: Creditors with Nonpriority Unsecured Claims |
| <u>. 10. 20. 000</u> | | | _ | |
| Allen | TX | 75013 | Last 4 digits of account num | |
| City | State | ZIP Code | _ | |
| I.R.S. | | | On which entry in Part 1 or F | Part 2 did you list the original creditor? |
| Name P.O. Box 7346 | | | Line of (Check one): | Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | | Required Notification | Part 2: Creditors with Nonpriority Unsecured Claims |
| | | | Last 4 digits of account num | ber |
| Philadelphia City | PA State | 19101-7346 ZIP Code | _ | _ |
| City | Olalo | 2 0000 | | |
| PA Dept. of Revenue Name | | | On which entry in Part 1 or F | Part 2 did you list the original creditor? |
| Bankruptcy Division | | | Lineof (Check one): | Part 1: Creditors with Priority Unsecured Claims |
| Number Street Bureau of Compliance | | | Required Notification | Part 2: Creditors with Nonpriority Unsecured Claims |
| P.O. Box 280946 | | | Last 4 digits of account num | ber |
| Harrisburg | PA | 17120-0946 | | |
| City | State | ZIP Code | | |
| Peco Energy | | | On which entry in Part 1 or F | Part 2 did you list the original creditor? |
| 2301 Market Street # N | 3-1 | | Lineof (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims |
| Number Street Legal Department | | | Required Notification | Part 2: Creditors with Nonpriority Unsecured Claims |
| | | | Last 4 digits of account num | ber |
| Philadelphia | PA | 19103-1338 | _ | |
| City | State | ZIP Code | | |
| Peco Energy Name | | | On which entry in Part 1 or F | Part 2 did you list the original creditor? |
| 2301 Market Street # N | 3-1 | | Line of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims |
| Number Street Legal Department | | | Utilities | Part 2: Creditors with Nonpriority Unsecured Claims |
| | | | Last 4 digits of account num | ber |
| Philadelphia | PA | 19103-1338 | <u> </u> | <u> </u> |
| L.IIV | State | ZIP Code | | |

Case 19-11305-mdc Doc 23 Filed 05/02/19 Entered 05/02/19 15:52:26 Desc Main Document Page 20 of 45

| Debtor 1 Colin A. Bollers | Case number (if known) |
|---|---|
| Part 3: List Others to Be Notified Al | bout a Debt That You Already Listed Continuation Page |
| PGW | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Legal Dept. 4th Floor Number Street 800 W. Montgomery Avenue | Line of (Check one): |
| PhiladelphiaPA19122CityStateZIP Code | Last 4 digits of account number |
| PGW | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name Legal Dept. 4th Floor Number Street 800 W. Montgomery Avenue | Line of (Check one): |
| Philadelphia PA 19122 City State ZIP Code | Last 4 digits of account number |
| Phelan, Halinan, Diamond & Jones Name | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Suite 1400 Number Street 1617 JFK Boulevard | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Lakeview Loan |
| Philadelphia PA 19103 City State ZIP Code | Last 4 digits of account number |
| Philadelphia Parking Authority | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name Bankruptcy Department Number Street 701 Market Street | Line of (Check one): |
| Philadelphia PA 19106 City State ZIP Code | Last 4 digits of account number |
| Trans Union Corporation | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Public Records Department Number Street 555 West Adams Street | Line of (Check one): Required Notification |
| Chicago IL 60661 City State ZIP Code | Last 4 digits of account number |

Case 19-11305-mdc Doc 23 Filed 05/02/19 Entered 05/02/19 15:52:26 Desc Main Document Page 21 of 45

| Debtor 1 | Colin A. Bollers | Case number (if known) | 19-11305MDC |
|----------|--|------------------------|-------------|
| Dout 4 | Add the America for Fook Time of University of Claim | | |
| Part 4: | Add the Amounts for Each Type of Unsecured Claim | | |

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

| | | | | Total claim |
|--------------------------|-----|---|--------------|-------------|
| Total claims | 6a. | Domestic support obligations | 6a. | \$0.00 |
| nomi art i | 6b. | Taxes and certain other debts you owe the government | 6b. | \$0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. + | \$0.00 |
| | 6e. | Total. Add lines 6a through 6d. | 6d. | \$0.00 |
| | | | | Total claim |
| Total claims from Part 2 | 6f. | Student loans | 6f. | \$0.00 |
| | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. + | \$7,750.00 |
| | 6j. | Total. Add lines 6f through 6i. | 6j. | \$7,750.00 |

Case 19-11305-mdc Doc 23 Filed 05/02/19 Entered 05/02/19 15:52:26 Desc Main Document Page 22 of 45

| Fill in this inf | ormation to iden | tify your case: | | |
|---------------------------------|------------------------|--------------------------|----------------------|------------------------------------|
| Debtor 1 | Colin First Name | A. Middle Name | Bollers Last Name | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States Bar | nkruptcy Court for the | | | |
| Case number (if known) | 19-11305MDC | | | Check if this is an amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

Case 19-11305-mdc Doc 23 Filed 05/02/19 Entered 05/02/19 15:52:26 Desc Main Document Page 23 of 45

| Fill | in this inf | ormation to | identify your case | : | |
|----------------|------------------------------|-------------------------------------|--|--|---|
| Deb | tor 1 | Colin | A. | Bollers | |
| | | First Name | Middle Name | Last Name | |
| | otor 2 ouse, if filing) | First Name | Middle Name | Last Name | |
| Unit | ed States Ba | nkruptcy Court f | or the: EASTERN DIS | T. OF PENNSYLVANI | IA |
| | e number | 19-11305MD | · | | |
| | nown) | 19-11303WID | | | Check if this is an amended filing |
| | | | | | |
| Offi | cial Form | 106H | | | |
| Sch | edule H | Your Cod | debtors | | 12/15 |
| neede page. | ed, copy the On the top | Additional Pag of any Addition | e, fill it out, and numbe nal Pages, write your n | er the entries in the boxe ame and case number (i | ing correct information. If more space is es on the left. Attach the Additional Page to this if known). Answer every question. |
| ļ | Do you have ☐ No ☑ Yes | any codebtors | ? (If you are filing a jo | int case, do not list either | spouse as a codebtor.) |
| i | nclude Arizor No. Go t | na, California, Id to line 3. | aho, Louisiana, Nevada | | erritory? (Community property states and territories to, Texas, Washington, and Wisconsin.) |
| • | □ No □ Yes | | p | 1 , | |
| I | person show creditor on S | n in line 2 agai Schedule D (Off | n as a codebtor only if | that person is a guarantedule E/F (Official Form | odebtor if your spouse is filing with you. List the itor or cosigner. Make sure you have listed the 106E/F), or <i>Schedule G</i> (Official Form 106G). Use |
| | Column 1: | Your codebto | r | | Column 2: The creditor to whom you owe the debt |
| | | | | | Check all schedules that apply: |
| 0.4 |] Spausa I | Nama Not Ent | orod | | , |
| 3.1 | Name | Name Not Ent | ereu | | Schedule D, line |
| | Number | Street | | | — Schedule E/F, line 5.1 |
| | | | | | Schedule G, line |
| | | | | | Bank of America |
| | City | | State | ZIP Code | _ |
| 3.2 | | Name Not Ent | ered | | — Schedule D, line |
| | J Name | | | | |
| | Number | Street | | | Schedule E/F, line 4.1 |
| | | | | | Schedule G, line |
| | City | | State | ZIP Code | CARRIE A. GERDING — |
| | City | | State | ZII COUE | |

Case 19-11305-mdc Doc 23 Filed 05/02/19 Entered 05/02/19 15:52:26 Desc Main Document Page 24 of 45

| Debioi | Colin A. Bollers | | | Case number (if known) 19-11305MDC |
|--------|------------------------------|----------|----------|--|
| | Additional Page to List | More Cod | ebtors | |
| | Column 1: Your codebtor | | | Column 2: The creditor to whom you owe the debt |
| | | | | Check all schedules that apply: |
| 3.3 | Spouse Name Not Entered | | | — Schodulo D. line |
| | Name | | | Schedule D, line |
| | Number Street | | | Schedule E/F, line 4.2 |
| | | | | Schedule G, line |
| | City | State | ZIP Code | CCS |
| | | O.G.O | 0000 | |
| 3.4 | Spouse Name Not Entered Name | | | Schedule D, line |
| | Number Street | | | Schedule E/F, line 4.3 |
| | - | | | Schedule G, line |
| | | | | Chase Card Services |
| | City | State | ZIP Code | |
| 3.5 | Spouse Name Not Entered | | | Schedule D, line |
| | - Name | | | Schedule E/F, line |
| | Number Street | | | _ |
| | | | | Schedule G, line Cibik & Cataldo, P.C. |
| | City | State | ZIP Code | |
| 3.6 | Spouse Name Not Entered | | | |
| 0.0 | Name | | | V Concount B, line 2.1 |
| | Number Street | | | Schedule E/F, line |
| | | | | Schedule G, line |
| | City | Ctata | ZID Code | City Of Philadelphia |
| | City | State | ZIP Code | |
| 3.7 | Spouse Name Not Entered Name | | | Schedule D, line |
| | Number Street | | | Schedule E/F, line 4.4 |
| | | | | Schedule G, line |
| | | | | Credit One Bank |
| | City | State | ZIP Code | |
| 3.8 | Spouse Name Not Entered | | | Schedule D, line |
| | Name | | | _ |
| | Number Street | | | Schedule E/F, line <u>4.5</u> |
| | | | | Schedule G, line Deptartment Store National Bank/Macy's |
| | City | State | ZIP Code | — Deptartment otore National Dailwinacy 5 |

Case 19-11305-mdc Doc 23 Filed 05/02/19 Entered 05/02/19 15:52:26 Desc Main Document Page 25 of 45

| Debloi | Colin A. Bollers | | | Case number (if known) 19-11305MDC |
|--------|------------------------------|-----------|----------|---|
| | Additional Page to List | More Code | ebtors | |
| | Column 1: Your codebtor | | | Column 2: The creditor to whom you owe the debt |
| | | | | Check all schedules that apply: |
| 3.9 | Spouse Name Not Entered | | | Cabadula D line |
| | Name | | | Schedule D, line 2.2 |
| | Number Street | | | Schedule E/F, line |
| | | | | Schedule G, line |
| | City | State | ZIP Code | M & T Bank |
| | , | State | Zii Code | |
| 3.10 | Spouse Name Not Entered Name | | | Schedule D, line 2.3 |
| | Number Street | | | Schedule E/F, line |
| | - Officer | | | Schedule G, line |
| | | | | M & T Bank |
| | City | State | ZIP Code | |
| 3.11 | Spouse Name Not Entered | | | Schedule D, line |
| | Name | | | |
| | Number Street | | | Schedule E/F, line 5.11 |
| | | | | Schedule G, line Peco Energy |
| | City | State | ZIP Code | —— Fect Energy |
| 0.40 | Spouse Name Not Entered | | | |
| 3.12 | Name | | | Schedule D, line |
| | Number Street | | | Schedule E/F, line <u>5.13</u> |
| | | | | Schedule G, line |
| | | | | PGW |
| | City | State | ZIP Code | |
| 3.13 | Spouse Name Not Entered | | | Schedule D, line |
| | | | | |
| | Number Street | | | Schedule G, line |
| | | | | Phelan, Halinan, Diamond & Jones |
| | City | State | ZIP Code | <u> </u> |
| 3.14 | Spouse Name Not Entered | | | |
| U. 17 | Name | | | Schedule D, line |
| | Number Street | | | Schedule E/F, line 2.1 |
| | | | | Schedule G, line |
| | Chi | C4-1- | ZID Cod- | Philadelphia Co Drs |
| | City | State | ZIP Code | |

Case 19-11305-mdc Doc 23 Filed 05/02/19 Entered 05/02/19 15:52:26 Desc Main Document Page 26 of 45

| Debtor 1 | Colin A. Bollers | | | Case number (if known)19-11305MDC |
|----------|------------------------------|------------|----------|---|
| | Additional Page to List M | lore Codel | otors | |
| | Column 1: Your codebtor | | | Column 2: The creditor to whom you owe the debt |
| | | | | Check all schedules that apply: |
| | Spouse Name Not Entered Name | | | — ✓ Schedule D, line 2.4 |
| | Number Street | | | Schedule E/F, line |
| | - Culou | | | |
| | | | | Portfolio Recovery |
| | City | State | ZIP Code | _ |
| | Spouse Name Not Entered Name | | | — Schedule D, line |
| | Number Street | | | Schedule E/F, line 4.6 |
| | | | | Schedule G, line |
| | | | | United Consumer Financial Services |
| | City | State | ZIP Code | _ |
| | Spouse Name Not Entered Name | | | — Schedule D, line |
| | Number Street | | | Schedule E/F, line 4.7 |
| | | | | _ Schedule G, line |
| | | | | Wf/raymour |
| | City | State | ZIP Code | _ |

Case 19-11305-mdc Doc 23 Filed 05/02/19 Entered 05/02/19 15:52:26 Desc Main Document Page 27 of 45

| Fill in this inform | nation to i | dentify your case: | | | | | |
|--|---|--|---|------------------|------------------------------|--------------------|--|
| Debtor 1 | Colin | A. | Bollers | | | | |
| | First Name | Middle Name | Last Name | | | Che | eck if this is: |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | | | - 🗖 | An amended filing |
| United States Bank | | | IST. OF PENNS | /I V Δ | NIA | | A supplement showing postpetition |
| Case number | 19-11305 | | IOT. OF TENNO | | шил | - _ | chapter 13 income as of the following date |
| (if known) | 10 11000 | | | | | | MM / DD / YYYY |
| Official Form 10 | <u> </u> | | | | | | |
| Schedule I: Yo | our Incon | ne | | | | | 12/15 |
| responsible for supplinclude information a about your spouse. I your name and case | lying correct bout your sp f more space | information. If you are separe is needed, attach a senown). Answer every c | e married and not ated and your spo eparate sheet to th | filing ouse i | jointly, an is not filing | d your I with y | d Debtor 2), both are equally spouse is living with you, rou, do not include information any additional pages, write |
| Fill in your emploinformation. | oyment | | Debtor 1 | | | | Debtor 2 or non-filing spouse |
| If you have more | | Fundament status | | | | | |
| job, attach a sepa with information a | | Employment status | ☐ Employed✓ Not employed | ed | | | ☐ Employed ☐ Not employed |
| additional employ | ers. | Occupation | Unemployed | | | | |
| Include part-time, or self-employed | | Employer's name | | | | | |
| Occupation may i student or homen applies. | | Employer's address | Number Street | | | | Number Street |
| | | | City | | State Zip | Code | City State Zip Code |
| | | How long employed the | here? | | | | |
| Part 2: Give I | Details Abo | out Monthly Incom | е | | | | |
| Estimate monthly inc | | | n. If you have noth | ing to | report for | any line | e, write \$0 in the space. Include your |
| If you or your non-filing | g spouse have | ' | er, combine the info | ormat | ion for all e | mploye | ers for that person on the lines below. If |
| you need more space, | allach a sep | arate sheet to this form. | | | For Debto | or 1 | For Debtor 2 or non-filing spouse |
| | | alary, and commissions monthly, calculate what | | 2. | | \$0.00 | |
| 3. Estimate and list | t monthly ove | ertime pay. | | 3. | + | \$0.00 | |
| 4. Calculate gross | income. Add | d line 2 + line 3. | | 4. | | \$0.00 | |
| | | 0. | | •• | | | · L |

Official Form 106l Schedule I: Your Income page 1

| Deb | tor 1 | Colin A. Bollers | | Case nun | nber | (if known |) <u>19</u> | <u>-11:</u> | B05MDC |
|-----|-------|--|--------------|------------------------|-------|--------------------------|-------------|-------------|-------------------------|
| | | | | For Debtor 1 | | or Debtor on-filing s | | • | |
| | Сор | by line 4 here | 4. | \$0.00 | | | | | |
| 5. | | all payroll deductions: | | | | | | | |
| | | Tax, Medicare, and Social Security deductions | 5a. | \$0.00 | | | | | |
| | | Mandatory contributions for retirement plans | 5b. | \$0.00 | | | | | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$0.00 | | | | | |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$0.00 | | | | | |
| | 5e. | Insurance | 5e. | \$0.00 | | | | | |
| | 5f. | Domestic support obligations | 5f. | \$0.00 | | | | | |
| | 5g. | | 5g. | \$0.00 | | | | | |
| | 5h. | Other deductions. Specify: | 5h. - | \$0.00 | | | | | |
| 6. | | I the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + + 5h. | 6. | \$0.00 | | | | | |
| 7. | Cald | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$0.00 | | | | | |
| 8. | | all other income regularly received: | | | | | | | |
| | 8a. | Net income from rental property and from operating a business, profession, or farm | 8a. | \$0.00 | | | | | |
| | | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | | | | | | | |
| | 8b. | Interest and dividends | 8b. | \$0.00 | | | | | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive | 8c. | \$0.00 | | | | | |
| | | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | | | | | | | |
| | 8d. | Unemployment compensation | 8d. | \$0.00 | | | | | |
| | 8e. | Social Security | 8e. | \$0.00 | • | | | | |
| | 8f. | Other government assistance that you regularly receive | | | | | | | |
| | | Include cash assistance and the value (if known) or any non- cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. | | | | | | | |
| | | Specify: SSD Net Disability Income | 8f. | \$457.00 | | | | | |
| | 8g. | Pension or retirement income | 8g. | \$0.00 | | | | | |
| | 8h. | Other monthly income. | | | • | | | | |
| | | Specify: See continuation sheet | 8h. - | \$2,992.00 | | | | | |
| 9. | Add | d all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. | 9. | \$3,449.00 | | | | | |
| 10. | Cald | culate monthly income. Add line 7 + line 9. | 10. | \$3,449.00 | . [| | |]_[| \$3,449.00 |
| | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | | Ŀ | | | J | |
| 11. | Inclu | te all other regular contributions to the expenses that you list in S ude contributions from an unmarried partner, members of your househ nds or relatives. | | | r roc | ommates, | and ot | her | |
| | Do r | not include any amounts already included in lines 2-10 or amounts tha | t are r | not available to pay e | xpe | nses liste | d in Sc | hed | ule J. |
| | Spe | cify: | | | | | 11. | + | \$0.00 |
| 12. | | If the amount in the last column of line 10 to the amount in line 11. The me. Write that amount on the Summary of Your Assets and Liabilities | | | | | 12. | | \$3,449.00 |
| 40 | | applies. | bia f | 2 | | | | | Combined monthly income |
| 13. | | you expect an increase or decrease within the year after you file the | nis to | rm? | | | | | |
| | | No. Yes. Explain: | | | | | | | |
| | | | | | | | | | |

Case 19-11305-mdc Doc 23 Filed 05/02/19 Entered 05/02/19 15:52:26 Desc Main Document Page 29 of 45

| Debtor 1 | Colin A. Bollers | | Case nui | mber (if known) | 19-11305MDC |
|-----------|----------------------------|---------|--------------|--------------------------------|----------------|
| 8h. Other | r Monthly Income (details) | | For Debtor 1 | For Debtor 2 on non-filing spo | - - |
| | ina Carter (God Daughter) | | \$1,300.00 | | <u> </u> |
| Holy | Cross Stipend | | \$1,500.00 | | |
| Food | l Stamps | | \$192.00 | | _ |
| | | Totals: | \$2,992.00 | | |

Case 19-11305-mdc Doc 23 Filed 05/02/19 Entered 05/02/19 15:52:26 Desc Main Document Page 30 of 45

| F | ill in this inforn | nation to ide | ntify your case: | | | Cho | ck if this | ic | |
|----------|--|--------------------------------------|---|------------------|----------------------|--------|---------------------|--------------------------------|-------------------------------|
| | Debtor 1 | Colin First Name | A. Middle Name | Bolle Last Na | | | An ame | ended filing Jement showing | postpetition |
| | Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Na | ame | _ | chapter followin | · 13 expenses a g date: | as of the |
| | | | he: EASTERN DIS | | | | NAM / D | D ()000/ | <u> </u> |
| | Case number (if known) | 19-11305MD | | | | | MIMI / D | D / YYYY | |
| 0 | fficial Form 10 |)6J | | | | _ | | | |
| S | chedule J: Yo | our Expens | ses | | | | | | 12/15 |
| na | rrect information. I me and case numb | f more space is | sible. If two married p needed, attach anoth nswer every question sehold | er sheet to | | | | | |
| 1. | Is this a joint cas | se? | | | | | | | |
| 2 | ✓ No. Go to lin Yes. Does I No Ye | ne 2. Debtor 2 live in a | separate household | | s for Separate House | hold o | f Debtor | 2. | |
| 2. | Do you have dep Do not list Debtor | Ī | NoYes. Fill out this ir for each dependen | | Dependent's relati | | p to | Dependent's age | Does dependent live with you? |
| | Debtor 2. | | | | | | | | □ No □ □ Yes |
| | Do not state the d names. | ependents' | | | | | | | No Yes No |
| | | | | | | | | | - |
| 3. | Do your expense expenses of peo yourself and you | ple other than | ✓ No ☐ Yes | | | | | | |
| | Part 2: Estima | ate Your Ond | joing Monthly Exp | oenses | | | | | |
| Es to | timate your expens | ses as of your bases of a date after | ankruptcy filing date the bankruptcy is filed | unless you a | _ | | | • | |
| | | | ash government assi on Schedule I: Your | | | | | Your expen | ses |
| 4. | | | xpenses for your resiond any rent for the grou | | | | 2 | 1 | \$1,713.00 |
| | If not included in | line 4: | | | | | | | |
| | 4a. Real estate t | axes | | | | | 2 | 4a | |
| | 4b. Property, hor | meowner's, or rer | nter's insurance | | | | 4 | 4b | |
| | 4c. Home mainte | enance, repair, a | nd upkeep expenses | | | | 4 | 4c | \$75.00 |
| | 4d. Homeowner's | s association or o | condominium dues | | | | 4 | 1d | |

Case 19-11305-mdc Doc 23 Filed 05/02/19 Entered 05/02/19 15:52:26 Desc Main Document Page 31 of 45

| Debtor 1 Colin A. Bollers | Case number (if known) | 19-11305MDC |
|--|------------------------|-------------|
| | Your | expenses |
| . Additional mortgage payments for your residence, such as home equity loans | s 5 | |
| . Utilities: | | |
| 6a. Electricity, heat, natural gas | 6a | |
| 6b. Water, sewer, garbage collection | 6b | |
| Telephone, cell phone, Internet, satellite, and cable services | 6c | |
| 6d. Other. Specify: | 6d. | |
| . Food and housekeeping supplies | 7 | \$256.00 |
| . Childcare and children's education costs | 8 | |
| . Clothing, laundry, and dry cleaning | 9 | \$50.00 |
| 0. Personal care products and services | 10. | |
| 1. Medical and dental expenses | 11 | \$45.00 |
| Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. | \$110.00 |
| 3. Entertainment, clubs, recreation, newspapers, magazines, and books | 13 | |
| 4. Charitable contributions and religious donations | 14. | |
| Insurance.Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| 15a. Life insurance | 15a. | |
| 15b. Health insurance | 15b. | |
| 15c. Vehicle insurance | 15c. | |
| 15d. Other insurance. Specify: | 15d. | |
| 6. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 2 Specify: | 20. 16. | |
| 7. Installment or lease payments: | | |
| 17a. Car payments for Vehicle 1 | 17a | |
| 17b. Car payments for Vehicle 2 | 17b | |
| 17c. Other. Specify: | 17c | |
| 17d. Other. Specify: | | |
| 8. Your payments of alimony, maintenance, and support that you did not repor deducted from your pay on line 5, Schedule I, Your Income (Official Form 10 | | |
| 9. Other payments you make to support others who do not live with you. | | |
| Specify: | 19 | |

Case 19-11305-mdc Doc 23 Filed 05/02/19 Entered 05/02/19 15:52:26 Desc Main Document Page 32 of 45

| Deb | tor 1 | Colin A. Bollers | Case number (if known) | 19-11305MDC |
|-----|----------|---|------------------------|-------------|
| 20. | | r real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income. | | |
| | 20a. | Mortgages on other property | 20a | |
| | 20b. | Real estate taxes | 20b | |
| | 20c. | Property, homeowner's, or renter's insurance | 20c | |
| | 20d. | Maintenance, repair, and upkeep expenses | 20d | |
| | 20e. | Homeowner's association or condominium dues | 20e | |
| 21. | Other | r. Specify: | 21. + | |
| 22. | Calcu | late your monthly expenses. | | |
| | 22a. | Add lines 4 through 21. | 22a | \$2,249.00 |
| | 22b. | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2. | 22b | _ |
| | 22c. | Add line 22a and 22b. The result is your monthly expenses. | 22c | \$2,249.00 |
| 23. | Calcu | ulate your monthly net income. | _ | |
| | 23a. | Copy line 12 (your combined monthly income) from Schedule I. | 23a | \$3,449.00 |
| | 23b. | Copy your monthly expenses from line 22c above. | 23b. _ _ | \$2,249.00 |
| | 23c. | Subtract your monthly expenses from your monthly income. The result is your monthly net income. | 23c | \$1,200.00 |
| 24. | Do yo | ou expect an increase or decrease in your expenses within the year after you fi | ile this form? | |
| | | xample, do you expect to finish paying for your car loan within the year or do you expent to increase or decrease because of a modification to the terms of your mortgage | , , , , | |
| | 1 | No. | _ | _ |
| | | Yes. Explain here: None. | | |
| | | Notice. | | |
| | | | | |

Case 19-11305-mdc Doc 23 Filed 05/02/19 Entered 05/02/19 15:52:26 Desc Main Document Page 33 of 45

| Fill in this in | formation to ide | entify your case | : | |
|---------------------------------|---------------------|--------------------------|----------------------|---------------------------------|
| Debtor 1 | Colin First Name | A. Middle Name | Bollers Last Name | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States Ba | | | | |
| Case number (if known) | 19-11305MDC | | | Check if this is amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| P | art 1: Summarize Your Assets | Your assets |
|----|--|------------------------------------|
| | Calcadada A/D: Dunyanta (Official Form 400A/D) | Value of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) | \$276,300.00 |
| | 1a. Copy line 55, Total real estate, from Schedule A/B | |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$4,100.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$280,400.00 |
| Р | art 2: Summarize Your Liabilities | |
| | | Your liabilities Amount you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$309,776.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | +\$7,750.00 |
| | Your total liabilities | \$317,526.00 |
| P | art 3: Summarize Your Income and Expenses | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$3,449.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$2,249.00 |

Case 19-11305-mdc Doc 23 Filed 05/02/19 Entered 05/02/19 15:52:26 Desc Main Document Page 34 of 45

| Deb | tor 1 | Colin A. Bollers | Case number (if known) _ 19-11305MDC | | | |
|-----|--|---|---|--|--|--|
| P | art 4: | Answer These Questions for Administrative and Statisti | cal Records | | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? | | | | | |
| | No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. ✓ Yes | | | | | |
| 7. | What I | kind of debt do you have? | | | | |
| | | Your debts are primarily consumer debts. Consumer debts are those "incuramily, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistics. | | | | |
| | _ | Your debts are not primarily consumer debts. You have nothing to report on is form to the court with your other schedules. | on this part of the form. Check this box and submit | | | |
| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. | | | | | |
| 9. | Сору | the following special categories of claims from Part 4, line 6 of Schedule | e E/F: | | | |
| | | | Total claim | | | |
| | From | Part 4 on Schedule E/F, copy the following: | | | | |
| | 9a. D | comestic support obligations. (Copy line 6a.) | \$0.00 | | | |
| | 9b. T | axes and certain other debts you owe the government. (Copy line 6b.) | \$0.00 | | | |
| | 9c. C | claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$0.00 | | | |
| | 9d. S | student loans. (Copy line 6f.) | \$0.00 | | | |
| | | Obligations arising out of a separation agreement or divorce that you did not re | eport as \$0.00 | | | |

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

9g. Total. Add lines 9a through 9f.

\$0.00

\$0.00

Case 19-11305-mdc Doc 23 Filed 05/02/19 Entered 05/02/19 15:52:26 Desc Main Document Page 35 of 45

| Fill in this information to identify your case: | | | | | |
|---|---------------------|--------------------------|----------------------|--|---------------------------------|
| Debtor 1 | Colin First Name | A. Middle Name | Bollers Last Name | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| United States Bar | | | | | |
| Case number (if known) | 19-11305MDC | | | | Check if this is amended filing |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below | | | | |
|--|--|--|--|--|
| Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? | | | | |
| ✓ No | | | | |
| Yes. Name of person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). | | | |
| | | | | |
| Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. | | | | |
| X /s/ Colin A. Bollers Colin A. Bollers, Debtor 1 | XSignature of Debtor 2 | | | |
| Date <u>05/02/2019</u> MM / DD / YYYY | Date MM / DD / YYYY | | | |

Case 19-11305-mdc Doc 23 Filed 05/02/19 Entered 05/02/19 15:52:26 Desc Main Page 36 of 45 Document

| Fill in this info | ormation to id | lentify your case | : | | | |
|---|---------------------|-------------------|------------------------|------------------------------------|-------|--|
| Debtor 1 | Colin First Name | A. Middle Name | Bollers Last Name | | | |
| Debtor 2 (Spouse, if filing) | | Middle Name | Last Name | | | |
| | | | ST. OF PENNSYLVANIA | | | |
| Case number (if known) | 19-11305MDC | | | Check if this is an amended filing | | |
| Official Form | 107 | | | _ | | |
| Statement o | f Financial | Affairs for Inc | lividuals Filing for E | Bankruptcy | 04/16 | |
| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. | | | | | | |
| Part 1: Giv | e Details Abo | ut Your Marital S | Status and Where You L | ived Before | | |
| 1. What is your | current marital s | tatus? | | | | |

| $oldsymbol{ olimits}$ | Married |
|-----------------------|---------|
| | |

■ Not married

During the last 3 years, have you lived anywhere other than where you live now?

Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

| Debtor 1 | Colin A. Bollers | | Case nur | mber (if known) | 5MDC | |
|------------------------|---|--|--|--|--|--|
| Part 2: | Explain the Sources of Y | our Income | | | | |
| Fill ir If you | Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. | | | | | |
| V | Yes. Fill in the details. | | | | | |
| | | Debtor 1 | | Debtor 2 | | |
| | | Sources of income Check all that apply. | Gross income (before deductions and exclusions | Sources of income Check all that apply. | Gross income (before deductions and exclusions | |
| | uary 1 of the current year until | Wages, commissions, bonuses, tips | | Wages, commissions, bonuses, tips | | |
| ine date y | ou meu for bankruptey. | Operating a business | | Operating a business | | |
| | st calendar year: | | \$0.00 | ☐ Wages, commissions, bonuses, tips | | |
| (January 1 | 1 to December 31, | Operating a business | | Operating a business | | |
| For the ca | alendar year before that: | ₩ages, commissions, | \$5,616.00 | Wages, commissions, | | |
| (January ' | 1 to December 31, | bonuses, tips Operating a business | | bonuses, tips Operating a business | | |
| Inclu unen and (| 5. Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security; unemployment; and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are in a joint case and you have income that you received together, list it only once under Debtor 1. | | | | | |
| List e | each source and the gross income fro | m each source separately. | Do not include income | that you listed in line 4. | | |
| | No /es. Fill in the details. | | | | | |
| | | Debtor 1 | | Debtor 2 | | |
| | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions | Sources of income Describe below. | Gross income from each source (before deductions and exclusions | |
| From Jan | uary 1 of the current year until | SSD | \$457.00 | | | |
| the date y | ou filed for bankruptcy: | Food Stamps Church Stipend | \$768.00 \$6,000.00 | | | |
| For the la | st calendar year: | | | | | |
| | 1 to December 31, 2018) | | | | | |
| For the ca | alendar year before that: | | | | | |
| (January 1 | 1 to December 31, 2017) | | | | | |

| Del | otor 1 | Colin A. Bollers | Case number (if known) _ 19-11305MDC |
|-----|-----------------------------------|--|--|
| P | art 3: | List Certain Payments You Made Before | You Filed for Bankruptcy |
| 6. | Are eith | er Debtor 1's or Debtor 2's debts primarily consume | er debts? |
| | □ No. | Neither Debtor 1 nor Debtor 2 has primarily cons "incurred by an individual primarily for a personal, fa | umer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as mily, or household purpose." |
| | | During the 90 days before you filed for bankruptcy, o | id you pay any creditor a total of \$6,425* or more? |
| | | ☐ No. Go to line 7. | |
| | | total amount you paid that creditor. Do not | a total of \$6,425* or more in one or more payments and the include payments for domestic support obligations, such as lude payments to an attorney for this bankruptcy case. |
| | | * Subject to adjustment on 4/01/19 and every 3 year | s after that for cases filed on or after the date of adjustment. |
| | ✓ Yes | . Debtor 1 or Debtor 2 or both have primarily cons | umer debts. |
| | | During the 90 days before you filed for bankruptcy, of | iid you pay any creditor a total of \$600 or more? |
| | | No. Go to line 7. | |
| | | | a total of \$600 or more and the total amount you paid that estic support obligations, such as child support and alimony. By for this bankruptcy case. |
| 7. | Insiders corporat agent, in | include your relatives; any general partners; relatives of which you are an officer, director, person in con | a payment on a debt you owed anyone who was an insider? of any general partners; partnerships of which you are a general partner; trol, or owner of 20% or more of their voting securities; and any managing ietor. 11 U.S.C. § 101. Include payments for domestic support obligations |
| | ☑ No □ Yes | . List all payments to an insider. | |
| 8. | | year before you filed for bankruptcy, did you make | any payments or transfer any property on account of a debt that |
| | | payments on debts guaranteed or cosigned by an insid | er. |
| | ✓ No ☐ Yes | . List all payments that benefited an insider. | |

| Debtor 1 | | Colin A. Bollers | | Case number (if known) 19-11305MDC | | | | |
|---|--------------------|--|---|--|--------------------------------------|--|--|--|
| P | art 4: | Identify Legal Acti | ons, Repossessions, and Forecl | Foreclosures | | | | |
| 9. | List all s | • | r bankruptcy, were you a party in any la rsonal injury cases, small claims actions, c es. | | | | | |
| Cas | | s. Fill in the details. | Nature of the case | Court or agency | Status of the case | | | |
| Lak | eview l | Loan v. Debtor | Mortgage Foreclosure Judgment | Philadelphia County Court Name Number Street | Pending On appeal | | | |
| Cas | e numbe | er 170802887 | | City State | ZIP Code | | | |
| Case title Portfolio Recovery Associates v Debtor Case number SC-16-10-12-4185 | | ecovery Associates | Nature of the case Judgment | Court or agency Philadelphia County Court Name | Status of the case Pending On appeal | | | |
| | | SC-16-10-12-4185 | | Number Street | ☐ Concluded | | | |
| 10. | seized, Check a | or levied? all that apply and fill in the Go to line 11. | | City State repossessed, foreclosed, garn | ZIP Code ished, attached, | | | |
| 11. | Within | • | for bankruptcy, did any creditor, includi refuse to make a payment because you | _ | n, set off any | | | |
| 12. | Within | | r bankruptcy, was any of your property eiver, a custodian, or another official? | in the possession of an assign | ee for the benefit of | | | |
| | ✓ No | 5 | | | | | | |

Case 19-11305-mdc Doc 23 Filed 05/02/19 Entered 05/02/19 15:52:26 Desc Main Document Page 40 of 45

| Deb | tor 1 | Colin A. Bol | lers | | | Case number (if ki | nown) _ | 19-11305 | MDC |
|-------------------|---|------------------------------------|--------------------|---------------------------------|--|-----------------------|----------|-----------------------|-------------------|
| P | art 5: | List Certa | in Gi | ifts and Cor | ntributions | | | | |
| 13. | Within | 2 years before | you f | iled for bankr | uptcy, did you give any gifts with a t | otal value of more t | han \$60 |)0 per perso | on? |
| | ✓ No ☐ Yes | s. Fill in the de | tails fo | or each gift. | | | | | |
| 14. | | 2 years before charity? | you f | iled for bankr | uptcy, did you give any gifts or cont | ributions with a tota | al value | of more tha | ın \$600 |
| | ✓ No ☐ Yes | s. Fill in the de | tails fo | or each gift or c | contribution. | | | | |
| Pa | art 6: | List Certa | in Lo | osses | | | | | |
| 15. | | 1 year before y isaster, or gar | | | ptcy or since you filed for bankruptc | ey, did you lose any | thing b | ecause of th | neft, fire, |
| | ✓ No ☐ Yes | s. Fill in the de | tails. | | | | | | |
| P | art 7: | List Certa | in Pa | ayments or | Transfers | | | | |
| | anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required for your bankruptcy. □ No □ Yes. Fill in the details. | | | | | су. | | | |
| | | Cataldo, P.C. | | | Description and value of any property Retainer & Costs | erty transferred | | payment Insfer was | Amount of payment |
| 150 Num | | ut Street | | | - | | | /02/2019 | \$500.00 |
| | ladelph | | PA | 19102 | - | | | | - |
| City | r@ccn | claw.com | State | ZIP Code | | | | | |
| | il or websit | | | | - | | | | |
| | Within anyone Do not i | who promise | you fil d to ho | ed for bankru elp you deal w | ptcy, did you or anyone else acting ovith your creditors or to make payment you listed on line 16. | | | ifer any pro∣ | perty to |

Case 19-11305-mdc Doc 23 Filed 05/02/19 Entered 05/02/19 15:52:26 Desc Main Document Page 41 of 45

| Deb | tor 1 | Colin A. Bollers | Case number (if known) 19-11305MDC | | | |
|---|---------------|--|--|--|--|--|
| 18. | | 2 years before you filed for bankruptcy, did you sell, trade, or otherwis by transferred in the ordinary course of your business or financial affair | | | | |
| Include both outright transfers and transfers made as security (such as granting of a security interest or mortgage on your property) Do not include gifts and transfers that you have already listed on this statement. | | | | | | |
| | ✓ No | s. Fill in the details. | | | | |
| 19. | | 10 years before you filed for bankruptcy, did you transfer any property a beneficiary? (These are often called asset-protection devices.) | to a self-settled trust or similar device of which | | | |
| | ✓ No ☐ Yes | s. Fill in the details. | | | | |
| Pa | art 8: | List Certain Financial Accounts, Instruments, Safe Depo | sit Boxes, and Storage Units | | | |
| 20. | | 1 year before you filed for bankruptcy, were any financial accounts or i , closed, sold, moved, or transferred? | nstruments held in your name, or for your | | | |
| | | checking, savings, money market, or other financial accounts; certificates of pension funds, cooperatives, associations, and other financial institutions. | f deposit; shares in banks, credit unions, brokerage | | | |
| | ✓ No | s. Fill in the details. | | | | |
| 21. | - | now have, or did you have within 1 year before you filed for bankrupto urities, cash, or other valuables? | y, any safe deposit box or other depository | | | |
| | ✓ No | s. Fill in the details. | | | | |
| 22. | Have ye | ou stored property in a storage unit or place other than your home with | in 1 year before you filed for bankruptcy? | | | |
| | | s. Fill in the details. | | | | |
| Pa | art 9: | Identify Property You Hold or Control for Someone Else | | | | |
| 23. | - | hold or control any property that someone else owns? Include any prin trust for someone. | operty you borrowed from, are storing for, | | | |
| | ✓ No ☐ Yes | s. Fill in the details. | | | | |
| | | | | | | |

Case 19-11305-mdc Doc 23 Filed 05/02/19 Entered 05/02/19 15:52:26 Desc Main Document Page 42 of 45

| Deb | otor 1 | Colin A. Bollers | Case number (if known) | 19-11305MDC | | |
|-----|--|---|---|---------------------|--|--|
| P | art 10: | Give Details About Environmental Informat | ion | | | |
| For | the purp | pose of Part 10, the following definitions apply: | | | | |
| ı | hazardoı | nental law means any federal, state, or local statute or us or toxic substance, wastes, or material into the air, lag statutes or regulations controlling the cleanup of thes | and, soil, surface water, groundwater, or | | | |
| | Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. | | | | | |
| | | us material means anything an environmental law defin ee, hazardous material, pollutant, contaminant, or simila | | ostance, toxic | | |
| Rep | ort all n | otices, releases, and proceedings that you know about, | regardless of when they occurred. | | | |
| 24. | Has an | y governmental unit notified you that you may be liable | or potentially liable under or in violation | of an environmental | | |
| | ✓ No | s. Fill in the details. | | | | |
| 25. | | ou notified any governmental unit of any release of haza | ardous material? | | | |
| | ✓ No | s. Fill in the details. | | | | |
| 26. | Have you | ou been a party in any judicial or administrative proceed | ding under any environmental law? Inclu | ide settlements and | | |
| | ✓ No ☐ Yes | s. Fill in the details. | | | | |
| P | art 11: | Give Details About Your Business or Conn | ections to Any Business | | | |
| 27. | Within busine | 4 years before you filed for bankruptcy, did you own a b ss? | ousiness or have any of the following cor | nnections to any | | |
| | | A sole proprietor or self-employed in a trade, profession, A member of a limited liability company (LLC) or limited li A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities | ability partnership (LLP) on | | | |
| | | None of the above applies. Go to Part 12. s. Check all that apply above and fill in the details below fo | r each business. | | | |
| 28. | | 2 years before you filed for bankruptcy, did you give a f ncial institutions, creditors, or other parties. | inancial statement to anyone about your | business? Include | | |
| | □ No □ Yes | s. Fill in the details below. | | | | |

| Debtor 1 | Colin A. Bollers | | Case number (if known) 19-11305MDC |
|-------------------------|------------------------------------|---|--|
| Part 12 | Sign Below | | |
| that answ property b | ers are true and correct. I unders | stand that making a false statemen kruptcy case can result in fines up | ments, and I declare under penalty of perjury at, concealing property, or obtaining money or a to \$250,000, or imprisonment for up to 20 years, |
| X /s/ Col | lin A. Bollers | X | |
| Colin A | . Bollers, Debtor 1 | Signature of Debtor 2 | |
| Date | 05/02/2019 | Date | <u> </u> |
| Did you at | ttach additional pages to Your Sta | atement of Financial Affairs for Ind | ividuals Filing for Bankruptcy (Official Form 107)? |
| ✓ No ☐ Yes | | | |
| Did you pa | ay or agree to pay someone who | is not an attorney to help you fill o | out bankruptcy forms? |
| ✓ No ☐ Yes. I | Name of person | | Attach the Bankruptcy Petition Preparer's Notice, |
| | | | Declaration, and Signature (Official Form 119). |

Case 19-11305-mdc Doc 23 Filed 05/02/19 Entered 05/02/19 15:52:26 Desc Main Document Page 44 of 45

B2030 (Form 2030) (12/15)

In re Colin A. Bollers

compensation, is attached.

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF PENNSYLVANIA PHILADELPHIA DIVISION

Case No. 19-11305MDC

| | Chapt | ter | 13 |
|--|---|-----|------------------------------|
| | DISCLOSURE OF COMPENSATION OF ATTORNEY I | FOR | DEBTOR |
| 1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above name that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paservices rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the basis as follows: | | | agreed to be paid to me, for |
| | For legal services, I have agreed to accept | \$5 | 5,000.00 |
| | Prior to the filing of this statement I have received | ; | \$500.00 |
| | Balance Due | \$4 | 1,500.00 |
| 2. | The source of the compensation paid to me was: | | |
| | ✓ Debtor Other (specify) | | |
| 3. | The source of compensation to be paid to me is: | | |
| | ✓ Debtor Other (specify) | | |
| 4. | I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm. | | |
| | I have agreed to share the above-disclosed compensation with another person or perassociates of my law firm. A copy of the agreement, together with a list of the names | | |

- 5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
 - a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

Case 19-11305-mdc Doc 23 Filed 05/02/19 Entered 05/02/19 15:52:26 Desc Main Document Page 45 of 45

B2030 (Form 2030) (12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Continued Meeting of Creditor Hearings, Addition of Creditors after Filing Petition, Motions to Avoid Liens, Motions for Relief from the Automatic Stay, Motions to Dismiss Case, Adverserial Proceedings & Discharge Litigation, Depositions, Asset Cramdowns, Objection to Proof of Claims, Certification of Stipulation Defaults, Motions for Plan Modifications, Motions for Reconsideration, Vacate Wage Orders, Praceipe for Discharge, Bankruptcy Chapter Conversions, Redemption of Property, Lexis & Pacer Research, Credit, Property, Judgements, & Liens Reports. The above legal services will be billed at a hourly rate of \$375 perhour per attorney.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

05/02/2019 /s/ Michael A. Cibik, Esquire

Date Michael A. Cibik, Esquire Cibik & Cataldo, P.C.

1500 Walnut Street, Suite 900 Philadelphia, PA 19102

Phone: (215) 735-1060 / Fax: (215) 735-6769

Bar No. 23110

| /s/ Colin A. Bollers | |
|----------------------|--|
| Colin A. Bollers | |